SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B: Received by (Printel Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Clark-Reliance Corporation c/o Mr. Dennis L. Pesek	
16633 Foltz Industrial parkway Strongsville, OH 44136	3. Service Type Certified Mail Registered Insured Mail C.O.D.
0701064 Sac	4. Restricted Delivery? (Extra Fee) ☐ Yes
rticle Number **nsfer from service label) 7 [PEPE 0080 4000 011E E0
m 3811, August 2001 Domesti	c Return Receipt 102595-02-M-1540